**Submission from** [**Liliane Fonds**](https://www.lilianefonds.org/) **to the OHCHR Call for Input: Human Rights Council resolution 54/6 on the centrality of care and support from a human rights perspective (12th April 2024; for further information, contact: Lisanne van der Steeg, lvdsteeg@lilianefonds.nl)**

**Human rights of Children with disabilities**Liliane Fonds is an NGO based in the Netherlands working with partner organizations in 25 countries. The work is focused on the inclusion of children with disabilities. This paper consist of input from Bangladesh, Sierra Leone, Kenya and consist of some conclusions that are overarching in all these countries. The input was based on context reviews done in 2022/2023. Due to the word limit only three countries have been included but these overviews are available for more countries.
The context review in Bangladesh was done by Dr. Md. Anisuzzaman for Centre for Disability in Development. The context review of Kenya and Sierra Leone was done by Strategic Connections Limited for Cheshire disabilities Kenya and One family people Sierra Leone.

**Human rights and legal frameworks**Internationally the CRPD and the CRC are the frameworks that protect the rights of children with disabilities. The translation in national legislation provides a legal framework.

Article 23 of the Convention of the right of the child states:

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

2. States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

3. Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development

4. States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.[[1]](#footnote-2)

**Bangladesh:** In 1976, Bangladesh signed the UN Convention on the Rights of the Child (UNCRC). The Constitution prohibits discrimination on various grounds, indirectly encompassing disability. Article 28 (4) of the Constitution of the People's Republic of Bangladesh asserts that the state can make special provisions for the progress of children. Bangladesh ratified the CRPD in 2008. In 2013 Bangladesh passed the Persons with Disabilities Rights and Protection Act (RPPDA). The Act covers various aspects, including education, employment, and accessibility.

**Kenya:** Kenya ratified the UNCRPD in 2008 and has developed the Kenya National Plan of Action on UNCRPD 2016-2022 to support its implementation. The Government of Kenya (GoK) has also signed the Salamanca Statement (1994); the Convention on the Rights of the Child (1989); the Global Disability Summit Charter for Change commitments (2022)[[2]](#footnote-3); World Declaration on Education for All (1990). The Government of Kenya had also enacted several laws and policies that explicitly promote the rights of persons/ children with disabilities. These include the Persons with Disabilities Amendment Bill 2021[[3]](#footnote-4) and Equal Opportunity Bill (2007). Other frameworks that touch on the wellbeing of persons with disability include the Sexual Offences Act (2006), Legal Aid Act (2016), the Employment Act (2007), Work Injury Benefits Act (2007), and the National Social Security Fund Act (2013). Laws touching on education for children with disabilities are the Basic Education Act (2013), and Children Act (2021).

There however exist a few laws that limit the rights of persons with disabilities. The Marriage Act (2014) for instance limits the rights of persons with mental disabilities to marry, while the Succession Act (2021) limits their inheritance rights.

**Sierra Leone:** The Constitution of Sierra Leone (CoSL) 1991 safeguards rights of persons with disabilities in care, welfare, and education (Article 8.3.f), and protects vulnerable groups in security and education (Article 9.1.b). The CoSL does not however define disability, although the concepts of persons with disabilities and disability are mentioned in some sections e.g., 8(2)(c); 9(b); and 27(4)(g). Sierra Leone signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and ratified it in 2011.5 The CRPD was domesticated into the Persons with Disability Act 2011.

Cluster 5.3 of Siera Leone Medium Term National Development Plan (MTNDP) 2019-2023 is dedicated to women, youth, and persons with disabilities. The MTNDP commits to implementation of disability related policies and laws; make public facilities disability friendly; and increase investment on social protection, livelihood, health, and inclusive education.4 The MTNDP is presently under review.

**Concrete policy or programmatic measures taken to promote and ensure the rights of caregivers and recipients of care and support in national care and support systems**

**Bangladesh:** The National Plan of Action for Persons with Disabilities from 2006 outlines various measures aimed at enhancing the well-being of individuals with disabilities but is in need of an update to align with current realities and best practices.The National Children's Policy (2013) includes specific provisions for children with disabilities, such as:

* Ensuring the rights of all types of children with disabilities, in line with the UN Charter on the rights of the disabled.
* Measures for mainstreaming children with disabilities in society, including education tailored to the type of disability.
* Special education arrangements for children who cannot be mainstreamed.
* Establishing appropriate institutional programs for the education, treatment, training, and rehabilitation of disabled children.
* Providing special assistance and cooperation to families of children with disabilities to prevent and address disability issues.
* Ensuring that all infrastructure, facilities, and services are accessible to all children, preventing any deprivation of rights due to disability.

**Community-Based Rehabilitation (CBR) Programs:** CBR programs have been crucial in providing basic healthcare and rehabilitation services to underserved communities, involving community health workers and volunteers.
Bangladesh has launched various programs to effectively implement CBR-related policies:

1. Capacity Building: Collaborative efforts between government agencies and NGOs focus on enhancing the capacity of professionals and community workers in CBR, including training in disability identification, provision of support, and creation of accessible environments.
2. Accessible Infrastructure: Collaborative initiatives between the government and NGOs center on developing accessible infrastructure, such as ramps, Braille signage, and accessible public transportation.
3. Educational Inclusion: Ensuring access to quality education for children with disabilities is a priority, with the establishment of specialized educational facilities and inclusive classrooms
4. Health Services: CBR programs aim to enhance access to healthcare services for individuals with disabilities, encompassing initiatives such as mobile health camps, awareness campaigns, and the establishment of accessible healthcare facilities. The government has launched various initiatives to enhance healthcare and rehabilitation services, including the National Disability Development Foundation and the Centre for the Rehabilitation of the Paralyzed (CRP).

**Kenya:** In Kenya there are different policies for children with disabilities; the National Mainstreaming Disability Policy; National Adolescent Sexual and Reproductive Health Policy (2015); Kenya Youth Development Policy (2019), the Education Sector Policy for Learners and Trainees with Disabilities (2018), National Education Sector Strategic Plan (2018-2022).

*Education:* The legal and policy frameworks on education in Kenya are extensive and progressive, and among others require that education facilities be child, disability, and gender sensitive; and provide safe, non-violent, inclusive, and effective learning environments. The frameworks also address issues such as equal opportunities for access training; stigma and discrimination; and education assessment and early intervention for children with disabilities. The well-developed policy environment notwithstanding, disability remains a major basis of exclusion in learning institutions. While there have been improvements, school enrolment among children with disabilities is substantially lower than that of children without disabilities. Only 234,100 children were enrolled schools, across the country in 2016 (up from 45,000 in 2008) . The situation is worse in hardship and marginalized areas as well as for girls with disabilities.

With regards to health, Kenya launched the Universal Health Coverage program in 2018 with a target to reach 3.2 million Kenyans by 2022[[4]](#footnote-5). According to Humanity & Inclusion, 36% of persons with disabilities reported facing difficulties in accessing health services due to cost, distance to a health facility, and physical barriers. Further, when people with disability access health care, they often experience stigma and discrimination, and receive poor quality services[[5]](#footnote-6).

**Sierra Leone:** In Sierra Leone there are different policies with regards to the children with disabilities. The rehabilitation policy is presently under review, while a separate Assistive Devices Policy has been developed in 2022 with the support of Clinton Health Access Initiative (CHAI).

With regards to education there is the Free Quality Education Programme and the Radical Inclusion Policy and the 2021 National Policy on Integrated Early Childhood Development (ECD) which seeks to mainstream ECD into the education Sector. Further, the [National Curriculum Framework and Guidelines for Basic Education](https://mbsse.gov.sl/wp-content/uploads/2021/07/Basic-Education-Curriculum-Framework.pdf) (2020) includes compulsory classes on Sexual Reproductive Health (SRH). Additionally, there is a [National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage 2018-2022](https://healtheducationresources.unesco.org/library/documents/national-strategy-)that aims to ensure that all adolescents have access to Comprehensive Sexuality Education (CSE). All these frameworks provide for inclusion of children with disabilities. These, actions, together with other development efforts have contributed to increased enrolment of children with disabilities in school. As an example, the proportion of learners with disabilities enrolling in primary schools increased from 0.48% in 2013 to at 26.6% in 2020.

Concerning a*ccess to healthcare, rehabilitation services and assistive devices,* the GoSL has taken some positive steps to ensure universal health coverage including free health care policy, and integration of rehabilitation services into regional hospitals. However, access to healthcare and rehabilitation services for persons with disabilities are still quite low. To exemplify, early identification and intervention, referral systems, and access to specialised services is barely present.

**Main challenges at national level**There are different challenges in the different countries but one of the common challenges is that despite the extensive legal and policy framework implementation is lacking due to lack of awareness raising and limited resources. There is a lack of data to prove the importance of good implementation of the policies. In terms of policies there is a lack of policies and procedures for early childhood intervention. Furthermore, the socio-economic status of many people with disabilities is a challenge.

**Bangladesh:** Bangladesh boasts a comprehensive legal framework; however, ensuring its effective implementation remains a challenge. Enhanced enforcement, awareness campaigns, and stricter penalties for non-compliance are necessary. Solution: Bolster monitoring and enforcement mechanisms, raise awareness about the Act's provisions, and ensure that penalties for non-compliance serve as a deterrent for violations.

The positioning of CBR in the government of Bangladesh reflects a commitment to inclusive policies and programs aimed at addressing the needs of persons with disabilities. While there has been notable progress in recognizing the importance of CBR and disability inclusion, there are ongoing challenges and opportunities for improvement. Challenges are limited awareness, resource constraints (financial and Human resources), Rural-urban disparities in access to services and coordination between government and civil society.

There is a lack of Disaggreted hunger and poverty statistics, including the $1.90 a day measure, the Multidimensional Poverty Index (MPI), and Sustainable Development Goals (SDG) indicators, based on disability status is crucial. Standardizing internationally comparable disability indicators in household surveys, censuses, and monitoring systems of non-governmental organizations (NGOs) and governments is necessary to inform the development of disability-inclusive policies and programs.

**Kenya:** A robust legal, policy and institutional framework on the rights of Persons with Disabilities exist in Kenya. The operationalization of these frameworks is however constrained at both national and county levels due to insufficient resourcing, politicization, corruption, cultural barriers, and limited capacities. The NCPWD is the State institution responsible facilitating provision of assistive devices, infrastructure, and equipment to persons/ children with disabilities. However, this is challenged by human resource and the technical capacity gaps. CSOs thus remain the major providers of CBR services in Kenya.

There is a lack of reliable disability data in Kenya. Per the 2019 national population census, 2.2% (1.9% men, 2.5% women) of Kenyans live with some form of disability[[6]](#footnote-7). Separately, a National Survey on Children with Disabilities and SNE conducted by Kenya Institute of Special Education (KISE) in 2016/17, returned a prevalence of 11.4% (i.e., 2.5 million children)[[7]](#footnote-8), making children with disabilities a significant demographic in the country. Prevalence rates by residence shows 2.6% (0.7 million) of people in rural areas and 1.4% (0.2 million) of people in urban areas have a disability. Mobility is the most experienced form representing 42% of people with disabilities. This is followed by seeing, cognition, hearing, and self-care challenges that stand at 36%, 23%, 17% and 16% respectively. From a subnational angle, the highest prevalence rates of disability were recorded in Central, Eastern and Western parts of Kenya, with the counties with the highest prevalence rates being Embu (4.4%), Homa Bay (4.3%), Makueni (4.1%), Siaya (4.1%) and Kisumu counties (4%). Wajir had the lowest prevalence at 0.6%[[8]](#footnote-9).
 With regards to economic status, 67% of people with a disability live in poverty in Kenya[[9]](#footnote-10). People with disabilities are more likely to experience socio-economic disadvantages than those without disabilities[[10]](#footnote-11).

**Sierra Leone:** With regards to education, The main barriers are the facts that most (higher) learning institutions are inaccessible, lack of special needs teachers, lack adapted learning materials, besides and persistent stigma and discrimination. Other barriers – especially for girls -  include Child and Early Forced Marriages (CEFM), gender inequality, lack of SRH, and household poverty. CEFM is the key driver of adolescent pregnancy, maternal mortality, low literacy, and Sexual and Gender Based Violence (SGBV) against women and girls in Sierra Leone, including those with disabilities.

Data on disability in Sierra Leone is scanty with prevalent rates differing from one source to another. There is little data and consensus on the prevalence of disabilities in Sierra Leone[[11]](#footnote-12), with the existing data being regarded as unreliable.[[12]](#footnote-13) To start with, WHO estimates that there are about 450,000 persons with disabilities,[[13]](#footnote-14)while the Sierra Leone’s 2015 PHC[[14]](#footnote-15) recorded 93,129 persons with disabilities out of a total population of 7,076,119. On its part, a National Democratic Institute [report](https://www.ndi.org/our-stories/amplifying-disability-rights-through-national-debate-sierra-leone) of May 2023 says that 15% of the population in  Sierra Leone are persons with disabilities.[[15]](#footnote-16) On the other hand, while the 2015 PHC reported 1.3% disability prevalence.[[16]](#footnote-17) the 2018 Integrated Household Survey reported a prevalence of 4.3%.[[17]](#footnote-18)

1. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child [↑](#footnote-ref-2)
2. <https://www.internationaldisabilityalliance.org/sites/default/files/global-disability-summit-summary-commitments_2.pdf> [↑](#footnote-ref-3)
3. The Persons with Disabilities Act of 2022 is under development. [↑](#footnote-ref-4)
4. Kenya Household Health Expenditure and Utilization Survey. Nairobi, Kenya: Ministry of Health; 2013. [↑](#footnote-ref-5)
5. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health> [↑](#footnote-ref-6)
6. <https://www.knbs.or.ke/2019-kenya-population-and-housing-census-reports/> [↑](#footnote-ref-7)
7. (Kenya Institute of Special Education, 2017) [↑](#footnote-ref-8)
8. 2019 Kenya Population and Housing Censuses Volumes I–IV, released in November 2019 and February 2020, [↑](#footnote-ref-9)
9. Global Disability Rights Now. Disability in Kenya. Available at: <http://www.globaldisabilityrightsnow.org/infographics/disability-kenya> [↑](#footnote-ref-10)
10. World Report on Disability, page 10; <https://www.who.int/news-room/fact-sheets/detail/disability-and-health> [↑](#footnote-ref-11)
11. <https://www.researchgate.net/publication/320757193_Disability_in_and_Around_Urban_Areas_of_Sierra_Leone> [↑](#footnote-ref-12)
12. <https://unprpd.org/archived/sites/default/files/library/2022-12/CR_SierraLeone_2021.pdf> [↑](#footnote-ref-13)
13. <https://en.wikipedia.org/wiki/Disability_in_Sierra_Leone> [↑](#footnote-ref-14)
14. <https://sierraleone.unfpa.org/sites/default/files/pub-pdf/Disability%20Report.pdf> [↑](#footnote-ref-15)
15. <https://dubawa.org/2023-sierra-leone-elections-rights-of-pwds-in-general-elections/> [↑](#footnote-ref-16)
16. Weekes, S. B., & Bah, S. (2020). Statistics Sierra Leone. Sierra Leone 2015 Population and Housing Census Thematic Report on Population Structure and Population Distribution. 2017. [↑](#footnote-ref-17)
17. Government of Sierra Leone (2019). Sierra Leone Integrated Household Survey (SLIHS) 2018 [↑](#footnote-ref-18)